## **2003 FOR PROFIT CORPORATION**

**UNIFORM BUSINESS REPORT (UBR)** 

1/1:

## **FILED** Feb 14, 2003 8:00 am Secretary of State

DOCUMENT # P02000013996  1. Entity Name MG SQUARED, INC.					01-15-2003 90301 003	***150.00	
Principal Place of Business 4131 SUNBEAM RD STE. 250 4131 SUNBEAM RD STE. JACKSONVILLE FL 32257  JACKSONVILLE FL 32257							
Principal Place of Business     Address     Mailing Address				T 1884KORK KAT BATTA ATRIA BENK BENK BENK BBATAK KREFO KAKE K	KAN TRUK BUA TERI		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. F	75 - 3010896	Applied For Not Applicable	}
Zíp	Country	Zip	Country	5. (		Additional	
	6. Name and Address of Current Re	gistered Agent	Nome		Name and Address of New Registered Agent	<del>-</del>	}
POTHSTE	IN GRIUN U.		Name -	نده منتد			-
ROTHSTEIN, SIMON D 4417 BEACH BLVD., STE. 104			Street Address (P.O. Box Number is Not Acceptable)				
JACKSONVILLE FL 32207			7				1
	·		City		FL Zip C	ode	1
8. The above	named entity submits this statement for the	e purpose of changing its	registered office or regi	istered age	ent, or both, in the State of Florida. I am familiar wi	th. and accept	}
	tions of registered agent.		_	_	• · · · • · · · · · · · · · · · · · · ·		
SIGNATURE .	Signature, typed or printed name of registered agent and	thirt and all the state of the		- 1	instating) DATE		
, ; E		THE PROPERTY OF THE PROPERTY O	Registered Agent signature req	Cintac Austrica	wastating) Unit		1
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Psyable to Florids Department of State		,					1
Afte	May 1, 2003 Fee will be \$550.00	ate			9. Election Campaign Financing \$5 Trust Fund Contribution.   Add  Add  Add  Add  Add  Add  Add  A	.00 May Be led to Fees	
Afte	r May 1, 2003 Fee will be \$550.00 C Payable to Florida Department of S OFFICERS AND DIF	RECTORS	11.	ADI		DRS IN 11	
After Make Chack	May 1, 2003 Fee will be \$550.00 Payable to Florids Department of S OFFICERS AND DIF		TITLE	ĀDI	Trust Fund Contribution.   Add	DRS IN 11	)/02)
Make Check  10.  TITLE  NAME  STREET ADDRESS	May 1, 2003 Fee will be \$550.00  Payable to Florida Department of S  OFFICERS AND DIF  DPT  GOTTLIEB, MARTIN J  4131 SUNBEAM RD., STE. 250	RECTORS	TITLE NAME STREET ADDRESS	ADI	Trust Fund Contribution. Add	DRS IN 11	034 (10/02)
After Make Chack  10.  TITLE NAME	May 1, 2003 Fee will be \$550.00  Payable to Florida Department of S  OFFICERS AND DIF  DPT  GOTTLIEB, MARTIN J  4131 SUNBEAM RD., STE. 250  JACKSONVILLE FL 32257	RECTORS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADI	Trust Fund Contribution. Add	DRS IN 11	R2E034 (10/02)
After Make Check  10.  YITLE NAME STREET ADDRESS CITY-ST-ZIP	May 1, 2003 Fee will be \$550.00  Payable to Florida Department of S  OFFICERS AND DIF  OPT  GOTTLIEB, MARTIN J  4131 SUNBEAM RD., STE. 250  JACKSONVILLE FL 32257  DVS  GOTTLIEB, MELVIN	RECTORS	TITLE NAME STREET ADDRESS	ADI	Trust Fund Contribution. Add	DRS IN 11	CR2E034 (10/02)
After Make Check  10.  YITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	May 1, 2003 Fee will be \$550.00  Psyable to Florida Department of S  OFFICERS AND DIF  DPT GOTTLIEB, MARTIN J 4131 SUNBEAM RD., STE. 250  JACKSONVILLE FL 32257  DVS GOTTLIEB, MELVIN 4131 SUNBEAM RD., STE. 250	RECTORS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ADI	Trust Fund Contribution. Add	DRS IN 11	CR2E034 (10/02)
After Make Check  10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	May 1, 2003 Fee will be \$550.00  Payable to Florida Department of S  OFFICERS AND DIF  OPT  GOTTLIEB, MARTIN J  4131 SUNBEAM RD., STE. 250  JACKSONVILLE FL 32257  DVS  GOTTLIEB, MELVIN	Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP	ADI	Trust Fund Contribution. Add	DRS IN 11 e	CR2E034 (10/02)
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: